ESTABLISHED BY THE KY GENERAL ASSEMBLY IN 1990

OUR MISSION STATEMENT

KBRC
KENTUCKY BOARD OF RESPIRATORY CARE

The Kentucky Board of Respiratory Care is a Government Agency that regulates respiratory care practitioners and their services. The KBRC was established in 1990 to protect the citizens of the Commonwealth of Kentucky from

WE LISTEN TO EVERY BREATH YOU TAKE

KBRC NEWSLETTER

2013 FALL/WINTER EDITION

Board Information

The KBRC Office can be reached at the numbers listed below.

Board Office:
163 W. Short Street
Suite 350
Lexington, KY 40507

Phone(859) 246-2747,

Fax: (859) 246-2750 or online at: http://kbrc.ky.gov

The KBRC is now on:

THE 2014 RENEWAL

The KY Board of Respiratory Care with the assistance of KY.Gov announces online licensure renewal for respiratory therapists beginning on November 1, 2013. We strongly encourage you to use this service. **We are very pleased to offer you the ability to print your renewal I.D. card before you exit the online renewal window.**

The KBRC has made changes that will streamline the renewal process and remove some issues regarding CEU acceptability. The CEU page on the online renewal will have some changes. The course number box will be set up to accept only 8 and 9 digit numerical values for approved courses by the KBRC and AARC. (Example: 10206002 or 435500454) The only exception will be ACLS, PALS, NRP, NPS, ACCS, RRT, CRT Recredentialing and RRT Recredentialing.

The help icon will assist you in typing course titles and number of CEUs for those CEU's. (Example: type ACLS into the course number box and type 10 in the CEU amount box.) Any other CEUs that have 8 or 9 digits you will simply input those digits into the course number box. Any other combination will be rejected. (Examples of CEUs that will be rejected: CEP-245678, 43567-234-2434)

The date box for CEUs will have a two-year (2) limitation. If dates do not comply with the KBRC rules and regulation, then those CEUs will be rejected. Please also remember to print your receipt and your new I.D. renewal card when you finish the renewal. These guidelines are in place to avoid problems with CEU issues before the therapist completes the renewal. If you have questions, please contact the Board office at 859-246-2747 for assistance. Click on the following link to begin the online renewal process.

RENEWAL FORM - SUBMIT BY U.S. MAIL

A paper form is provided for any therapists that need to renew by mail. On Nov. 1, 2013, a link will appear on the KBRC website that will allow you to print a 2014 renewal form. (Be aware that the same criteria stated above will also comply on the renewal paper forms you submit by mail and will be overviewed by the KBRC).

Insomnia Poses Hypertension Risk

Insomnia may be associated with an increased risk for hypertension, research from China suggests. Short sleep duration and the insomnia symptoms of difficulty maintaining sleep and early-morning awakening, as well as combined symptoms of insomnia were associated with an increased risk. By contrast, there was less evidence to support an association between long sleep duration or difficulty falling asleep and hypertension incidence.

The findings stem from a meta-analysis of 11 research studies, involving 58,924 participants assessed for sleep duration or insomnia over average follow-up periods of 5.5 years and 8.12 years, respectively. The magnitude of increased risk for hypertension incidence ranged from 1.14-fold for individuals with early-morning awakening to 1.20-fold for those with difficulty maintaining sleep and 1.21-fold for those with short sleep duration (<5 or 6 hours per night), while insomnia symptoms combined increased the risk 1.05-fold.

Lead researcher Yang Zheng, Bethune First Hospital of Jilin University, Changchun, China, and colleagues said: "It is important to consider sleep duration and insomnia in hypertension prevention and treatment."

They note in Hypertension Research, however, that the association between insomnia and hypertension was attenuated somewhat when other sleep disorders were considered.

This means that "the association. could be partly explained by other sleep disorders, such as untreated sleep apnea with insomnia or that the variance explained by insomnia overlaps, even if it is genuinely caused by the insomnia," said Zheng and co-workers.

They suggest that there are a number of physiologic effects of sleep deprivation that could contribute to the increased risk for hypertension, including overactivity of the renin-angiotensin-aldosterone system, proinflammatory responses, endothelial dysfunction, renal impairment, and alteration of the circadian rhythm.

"More laboratory studies are needed to further detect potential biological mechanisms," they wrote.

In a related commentary, Michael Grandner and Michael Perlis, from the University of Pennsylvania in Philadelphia, said the findings highlight "that the adverse outcomes of insomnia, as well as short sleep duration, go beyond the behavioral, psychological or functional domains and include important medical consequences as well."

Posted on: September 29, 2013
Location: Advance Healthcare Network for Respiratory Care & Sleep Network
Link:

http://respiratory-care-sleep-medicine.advanceweb.com/News/Daily-News-Watch/Insomnia-Poses-Hypertension-Risk.aspx

Respiratory Care Issues in Disasters

Healthcare facilities are constantly evolving and revising procedures and policies

In a healthcare facility, the role of the staff is to stay a few steps ahead. In the treatment of any disease or infection, preparedness is half of the battle - but what about a situation that is completely unpredictable? For respiratory therapists a disaster scenario can quickly become a matter of life and death. How can respiratory professionals and their corresponding facilities stay prepared enough to be ready for anything and flexible enough to adapt in the event that something happens.

Of course, while healthcare facilities and respiratory departments are constantly in the process of developing procedures and protocols for emergency preparedness, their roles are very different in both the preparation for and in the event of an actual emergency. The facility as a whole tends to be concerned with the overall task of coordinating each department during an event. The department, on the other hand, focuses more on setting individual standards in terms of priorities in patient care.

"Administrators have a very different set of responsibilities than the medical staff, for example, or versus the nursing staff," said Amesh Adalja, MD, FACP, senior associate at the University of Pittsburgh Medical Center's (UPMC) Center for Health Security. "So, everyone has to be available, but they're each going to have different responsibilities. From an administrative standpoint, there's making sure that all the pieces of the puzzle are in place and active before, during and after the event. From a medical standpoint, there's making sure that patients are taken care of - that they're getting the necessary medications and treatment."

Adalja noted that hospitals tend to have a committee with representatives from all areas of the staff in order to prepare for each individual situation. Meanwhile, Camilo Ruiz, DO, clinical assistant professor of internal medicine at Nova Southeastern University in South Florida, commented that, although facilities rely on a general outline or plan, each department is really responsible for staying updated, prepared and setting its own protocols in case of a disaster. In the respiratory department, the primary concern of the RTs is, as always, to care for the respiratory patients in order of importance - especially those on ventilators.

"The RT would continue to have the same role that they would have with managing the patients who are on lung ventilators and administering the drug aerosol treatments that they do," continued Adalja. "I think everyone's role would be heightened during a disaster."

Emergency preparedness varies from location to location as certain aspects change depending on things like region and population, but overall, Ruiz noted that most facilities operate on the same basic plan.

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What the KBRC wants you to know.

The Kentucky Board of Respiratory Care informs therapists if they have been out of respiratory field more than 5 years and they originally passed their NBRC credential exams after July 1, 2002, their credentials may be expired and they will not be allowed to reinstate for licensure in KY. Before you apply for reinstatement or reactivation be sure to check your credential status with the NBRC.

What's new at the NBRC?

1. New Examination for Adult Critical Care Specialist as of July 17, 2012
2. Changes in the RT credentialing system , starting in January 2015. The changes to include: a single multiple choice examination with separate passing points for the CRT credential and eligibility for the Clinical Simulation Examination, which has been formatted to include a larger number of shorter simulation problems.
3. Recognition of the CRT-SDS and RRT-SDS credentials by the AASM in its Accreditation for Sleep Disorders Centers.

What's new at the AARC?

1. Continue to work with CoARC to develop core competencies for the degree advancement programs.
2. Continue to consider the recommendations put forth by the 2015 ad-hoc committee from the 3rd conference held in April 2012.
3. Continues to address the role of the RT in both chronic lung disease and disease management in all healthcare venues.
4. Continue to work on getting Medicare Part B to recognize the services of the qualified RT.
5. Promote the RT profession and their role in the interdisciplinary team.
6. Promote the development of defined competencies required to provide future respiratory care in both the schools and healthcare facilities.

Keeping Track Of Your CEU Information

Using a file system to locate your CEUs

Therapists have a lot of CEU information to maintain and produce when it comes to renewing their licensure. There are state requirements, NBRC requirements and in some cases there are categories on the type of CEUs you can and cannot use. Here is a helpful hint to maintain your CEUs. A simple file system should do the trick.

1. Learn what is acceptable within your state's guidelines for non-AARC CEUs.
   If you have questions on what is or is not acceptable, contact your Board.
2. Purchase a box of assorted 1/3 tab letter sized files that can hold up to
   about an inch thickness of materials or documents, maintain your CEUs, 5—7 years.
3. Label them accordingly by **STATE BOARD**, **NBRC** .

STATE BOARD FILE

(1) Within the **State** folder have dividers according to your renewal years
such as (2011 - 2013) or (2012 - 2014) and only place those CEUs you purchased, completed in the years you will be renewing.
you may also want to sub-divide according to providers such as AARC or KBRC approved etc... Also, update your address promptly, our regulation states, within 20 days after moving you must update with KBRC.

(2) Place checkmarks on the CEUs that will actually be used on the renewal
to remind yourself and should you get audited you will know what
copies to send in with paperwork. Keep all CEUs for average span of (5) five to (7) seven years. Unused CEUs cannot carry over to next renewal.

NBRC FILE

(1) NBRC file should reflect the expiration date that appears on your NBRC card. The NBRC requires (30) thirty CEUs which you have used for state renewal. Keep your address current with the NBRC.

CDC Seeking Former Smokers for New Campaign

August 28, 2013

The Centers for Disease Control and Prevention (CDC) has reached out to the AARC to help find former smokers who would be willing to share their experiences through a new advertising campaign called *Tips From Former Smokers*.

The CDC is specifically looking for former smokers with certain medical conditions, including lung cancer, along with people who have lost a family member to a smoking-related disease such as COPD, heart attack, lung cancer, and others.

The government agency is particularly interested in recruiting Asians or Spanish speaking individuals.

"If you or someone you know qualifies for this campaign, it would be a relatively easy way to 'pay it forward' and potentially touch the lives of many people for the better," says Jonathan Waugh, PhD, RRT, RPFT, FAARC, chair of the AARC's Tobacco-Free Lifestyle Roundtable. "Who knows, you might even influence members of your own family."

The CDC has produced fliers in English and Spanish that you can use to get the word out to those who may qualify. "Please help spread the word by distributing the provided flyers, but remember that your encouragement will have even more impact," says Dr. Waugh. "Thank you for considering this new sharing effort to help others make healthy changes."

New Detailed Content Outlines for 2015 Exams Released

The Detailed Content Outline for the new Therapist Multiple-Choice Examination that will be released in January of 2015 can be found here.
http://www.nbrc.org/NBRCDocuments/Therapist%20Multiple%20Choice%20DCO%20effective%2001-2015.pdf

The Detailed Content Outline for the new Clinical Simulation Examination that will also be released in January of 2015 can be found here.
http://www.nbrc.org/NBRCDocuments/Therapist%20Clinical%20Simulation%20Exam%20DCO%20effective%2001-2015.pdf

(Continued from page 3) **Respiratory Care Issues in Disasters**

Although different disaster scenarios - like tornadoes in the Midwest, wild fires in California, hurricanes or tropical storms in the Southeast and, of course, blizzard conditions all over the country - require different responses, the job of the facility is to coordinate the appropriate responses. For example, when, if at all, is the best time to evacuate?
"The general procedure of the incident command structure is probably pretty similar across hospitals, but obviously there are definite geographical and other issues that may impact on how these principals are actually applied on the ground," explained Adalja. "Certain hospitals have certain known risks based on where they're located or based on their patient population, whereas other ones have different risks."

IMPORTANT DATES & EVENTS

KBRC Upcoming Board Meeting Dates For 2014

Thursday, February 13, 2014 __KBRC Offices @ 5:30 p.m. Lexington, KY
Or
Thursday, February 21, 2014 - KBRC Offices @ 5:30 p.m. Lexington, KY *(Alternate date in event of inclement weather.)*

Thursday, April 17, 2014 _____KBRC Offices @ 5:30 p.m. Lexington, KY

Thursday, June 19, 2014 _____KBRC Offices @ 5:30 p.m. Lexington, KY

Thursday, August 21, 2014 ___ KBRC Offices @ 5:30 p.m. Lexington, KY

Thursday, October 16, 2014 ___KBRC Offices @ 5:30 p.m. Lexington, KY

Thursday, December 11, 2014 _KBRC Offices @ 5:30 p.m. Lexington, KY

Working With New Grads

September 24, 2013 12:36 PM by Dave Swift, Advance www.advanceweb.com

The profession of respiratory therapy survives on the efforts of current therapists to sustain the progress of the profession. However, our life blood and future is found in those who strive to enter the field and those who have just embarked into their career.

It is unfortunate that some in the profession view students or new therapists as a burden and sufferance to be tolerated at best. Often, these therapists were poorly treated as students or new therapists and seem to feel that it is their right to treat those new to the field as they were treated. This attitude remains pervasive in a small number of therapists but the ripple effect is felt by many.

Employing a new graduate carries responsibilities that require greater input, supervision and support from the practice than the employment of an experienced graduate.

New graduates have the opportunity to be exposed to the newest knowledge, techniques, trends and practice improvements during their training. The fresh outlook and new knowledge that a new graduate brings can be invigorating and energizing for some staff and intimidating to others. A supportive environment during a new graduate's first few years of employment benefits the profession as a whole and helps establish a corporate culture of mentorship.

Graduates nurtured during the first year in practice tend to be more positive toward the profession, and tend to be better trained and skilled than those receiving little support. New graduates who are happier and more positive toward the profession are more likely to remain in the profession.

For those therapists who fall in to the category of senior (>5 years) staff therapists, new graduates and students can be both a blessing and a curse. The amount of additional work a new graduate or student generates, as they learn the skill sets and experience, is disproportionate to the actual task. What would take an experienced therapist 15 minutes may take a new graduate 25 minutes or more - this strains the patience of the supervising therapist. On a typical busy clinical day, a staff therapist has to consciously slow their pace to allow the new grad/student to work at a pace that allows them to safely integrate the experience. If the staff therapist reverts back to their normal pace, the new grad/student quickly begins to flounder, it generates dissatisfaction and leads to increased risk of error. Very quickly this creates a very negative work environment that quickly becomes self perpetuating. The development of this type of situation needs to be closely monitored for and immediately corrected.

Staff therapists must accept the fact that those new to the field often become more visual learners as they progress through the initial years of their profession. This means that something that seems so simple to an experienced therapist is not as straight forward as it seems and that non-critical errors have to be accepted as part of the learning process. Having to self correct, review and find alternate solutions help accelerate the learning process. ... If treated as a positive event and not punative. The comments and actions of other staff therapists can have a significant effect on this learning process. (Next Page)

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If treated as a positive event and not punative. The comments and actions of other staff therapists can have a significant effect on this learning process. Negative responses by other therapists can result in the new learner becoming reluctant to seek help or guidance, extend the learning period, establish less than optimal skill sets and lead to more significant errors occurring.

As therapists, we must welcome those new into the profession with a positive, supportive and guiding attitude. Failure to do so leads to a future that is potentially bleaker, with higher dissatisfaction and less forward professional growth.

Medicare Respiratory Therapist Access Act HR 2619

The AARC is embarking on a new legislative initiative for 2013. The legislation would amend Medicare Part B to add coverage of pulmonary self-management education and training services when furnished by qualified respiratory therapists in the physician practice setting to Medicare patients who have been diagnosed with COPD, asthma, pulmonary hypertension, pulmonary fibrosis and cystic fibrosis. If enacted, this new benefit will not only enhance patient access to respiratory therapists, it will also provide Medicare pulmonary patients with the tools they need to lead healthier lives through self-management of their disease.

CRCE Through The Journal: Earn 12 CRCE Contact Hours Annually

Free to AARC members! A members-only benefit. So join the AARC.

What to Study The most recent issue of RESPIRATORY CARE is the only resource you will need to answer the 10 true-or-false questions. Only the first five journal articles are included in the CRCE test. The exam will remain active until the middle of the following month. Take the exam every month, or just when you choose.

Exam Instructions Once you enter the exam area of the website, you must complete the entire exam in one sitting. Do not exit the exam area—your work cannot be saved.

When you have finished entering your answers, submit your exam for scoring. (You must give an answer for each question; the system will not accept any blanks).

Finishing Up Your exam is scored instantly. If you answer 7 or more of the 10 questions correctly, you pass the exam! You may then print a signed Certificate of Completion to present to your state board as evidence that you have earned 1 CRCE contact hour. Your newly-acquired CRCE contact hour will also be added to your web-based AARC transcript.

If you did not achieve a passing score, you are allowed a second attempt. To maintain exam security, you will not be notified which of your answers were incorrect. The answer key will be published online the following month.

Risk, Recognition, Resolution: Addiction and Healthcare Professionals

Risk:

There are risk factors in the development of the disease of addiction for persons in the fields of healthcare. They can include:

Genetics – if you have a person or persons in your family tree you are at a much greater risk of developing the disease of addiction than someone who does not

Stress – I haven't met anyone yet either in their professional schooling or their professional lives who is stress-free. Stress increases one's chances for developing addiction.

Knowledge – there is sometimes a feeling that knowing about medications and physiology provides a protection – it does not.

Access – people in the healthcare professions often have easier access to drugs of abuse than those who are not.

Abuse, neglect, or other traumatic experiences in childhood

Mental disorders such as depression and anxiety

Early use of drugs

Recognition:

There are signs and symptoms that are recognizable in our colleagues, ourselves, and our patients that can be indicators of a potential problem that needs to be addressed. These can include but are not limited to:

Bloodshot eyes, pupils larger or smaller than usual

Changes in appetite or sleep patterns. Sudden weight loss or weight gain

Deterioration of physical appearance, personal grooming habits

Unusual smells on breath, body, or clothing

Tremors, slurred speech, or impaired coordination

Drop in attendance and performance at work or school

Unexplained need for money or financial problems. May borrow or steal to get it.

Engaging in secretive or suspicious behaviors

Sudden change in friends, favorite hangouts, and hobbies

Frequently getting into trouble (fights, accidents, illegal activities)

Unexplained change in personality or attitude

Sudden mood swings, irritability, or angry outbursts

Periods of unusual hyperactivity, agitation, or giddiness

Lack of motivation; appears lethargic or "spaced out"

Appears fearful, anxious, or paranoid, with no reason

(Continued on next page)

Resolution:

So…what do you do about it? Can you call your licensing Board? Do you notify someone in Student Affairs? If you are fortunate enough to live in a state that has a professional program, either free-standing or through the licensing Board or Board of Registry, call them. You may be able to receive help without this becoming a matter of public record. If in doubt, you may contact me for referral at:

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Study: Women at Higher Risk for Allergies, Asthma

Reasons for gender difference are unclear

FRIDAY, Nov. 8, 2013 (HealthDay News) -- Women are more likely than men to have asthma, allergies and autoimmune diseases, a new study says.

Before puberty, boys are more likely than girls to have these health issues. But that changes when they become young adults, allergist Dr. Renata Engler said in a Friday presentation at an annual meeting of the American College of Allergy, Asthma and Immunology in Baltimore.

The reasons for these gender differences are complex and vary with age. But what is clear is the need for improved understanding of how gender affects diagnosis, treatment and outcomes, he said.

"The importance of sex differences in the practice of allergy-immunology cannot be overstated," Engler said in an ACAAI news release. "Improved sex/gender-based medicine and research practices will benefit men and women alike."

Genetics also play an important role in allergy and asthma risk. If parents have either of these conditions, their children are at increased risk, according to the ACAAI.

This study was presented at a medical meeting, so it should be viewed as preliminary until published in a peer-reviewed journal.

More information

The American Academy of Family Physicians has more about asthma.

-- Robert Preidt

SOURCE: American College of Allergy, Asthma and Immunology, news release, Nov. 8, 2013

If you did not get a chance to read the last issue of the KBRC Newsletter, You can still find it available at the KBRC website: http://kbrc.ky.gov

The KBRC website can help you find answers regarding your licensure, scope of practice, continuing education and verification questions. You may contact us at: (859) 246-2747 Fax: (859) 246-2750 with questions or inquiries.

The KBRC Newsletter is produced by Rick Rose, edited by Janet Vogt and Peggy Lacy Moore.

The KBRC Board is self-supporting and receives no general fund tax appro-

If you want to file a complaint or address an issue of concern to the Board, submit a written statement with as much detail as possible including your name, names involved in the complaint or issue, phone numbers and summary of your complaint and mail to the KBRC office at the address below. Attention: Peggy Lacy Moore, Execu-

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